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Draft country programme document for Ecuador*

Proposed UNFPA assistance: $6.5 million: $4.0 million from regular resources and $2.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2004-2008)

Cycle of assistance: Fourth

Category per decision 2000/19: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.0	2.0	4.0
Population and development strategies	1.5	0.5	2.0
Programme coordination and assistance	0.5	-	0.5
Total	4.0	2.5	6.5

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country programme documents, and has delayed submission of the present document.

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I. Situation analysis

1. Ecuador has a population of approximately 12.1 million. Between 1990 and 2000, population growth declined from 2.19 per cent to 2.05 per cent. During the same period, urban population increased from 51.1 per cent to 61 per cent. In 2000, life expectancy at birth was 72 years for women and 67 years for men.

2. After a long economic and political crisis, the economy has begun to stabilize. One of the most serious challenges facing the new Government is the high level of external debt (47 per cent of the gross domestic product). This has affected the capacity of the Government to deal with social needs. Remittances from approximately 378,000 external migrants have provided some relief, but resources for basic social services remain seriously limited. Currently, nearly 61 per cent of Ecuadorians live below the poverty line.

3. A relatively high level of maternal mortality exists, linked to the lack of quality reproductive health services, including family planning. The maternal mortality ratio was 68.5 deaths per 100,000 live births in 2001, but the actual figure could be as high as 120. Trained professionals assist only 69 per cent of deliveries. The Ministry of Public Health estimates that 20.2 per cent of births are unplanned and 30.7 per cent of pregnant women have no access to health services. The infant mortality rate is 19 per 1,000 live births.

4. In 2001, one fifth of adolescent girls under 19 had already had at least one pregnancy. Early pregnancies are particularly common among those living in the rural and Amazon regions and among adolescent girls with little or no education. Over the last five years, the number of people infected with HIV has increased by 224 per cent. The incidence rate is 4.75 per 100,000, with an estimated 20,000 HIV-positive persons. The HIV-positive man to woman ratio is 2.6/1. Reliable information systems are needed to identify critically affected areas and the most vulnerable groups. General information about the epidemic is widespread, but knowledge gaps on effective ways to prevent the spread of the disease persist.

5. Census data point to increased internal migration from rural to urban areas. This has made it difficult for cities to cope with unplanned urban settlements that lack basic social services. In addition, the population located in the border with Colombia is increasingly facing security problems. The influx of migrants and refugees has also strained the social services of northern provinces and municipalities.

6. In 2002, the common country assessment concluded that the fundamental causes of poverty in the country were inequity and the exclusion of segments of the population from the benefits of economic and social development. Young people and women of indigenous and African-Ecuadorian backgrounds are the most affected, as they are often excluded from employment opportunities. Their inclusion in the labour market requires a sustained public effort to ensure their access to high-quality education that focuses on gender, ethnic equity and empowerment, and which includes sexual and reproductive health information and services.

7. Two important pieces of legislation address several of the problems mentioned above. A law that guarantees free, universal maternal care services, including family planning, was passed in 1998. However, its implementation is still in the early stages. In addition, a law on gender-based violence was passed in 1995, but has not yet been adequately enforced. In particular, there is a need to gather reliable data on the incidence of gender-based violence and to develop proper mechanisms, including those within the health sector, to deal

with the consequences of gender-based violence and to prevent its occurrence.

8. The Government and its constituent political groups, such as the popular indigenous movement, have accorded high priority to poverty reduction, especially in the rural areas where most of the indigenous people reside.

II. Past cooperation and lessons learned

9. The first UNFPA country programme in Ecuador (1990-1996) totalled $7 million from regular resources. Since then, two other country programmes have been implemented, for a total amount of $6.4 million from regular funds. The current country programme will terminate in December 2003 to harmonize UNFPA programme cycle with those of UNDP and UNICEF.

10. The current country programme focused on 43 districts in the 10 poorest municipalities of the country. This strategy provided valuable experience in working with local government and in promoting community involvement in reproductive health and local development planning. One of the lessons learned has been that interventions must involve national institutions in order to have the greatest impact. National institutions can provide much-needed support and can replicate successful interventions at the national level, especially in the health and education sectors.

11. Developing capacity at the local level has made UNFPA aware of the importance of working with both the supply and the demand side of services: providing technical assistance, training and basic equipment to improve education and sexual and reproductive health services, while at the same time supporting community mobilization for reproductive health from a rights-based perspective. This experience has provided a niche for UNFPA to contribute to poverty reduction in the context of national and United Nations Development Assistance Framework (UNDAF) strategies.

12. An important lesson learned during the implementation of the previous country programme was that strategies that emphasize both supply and demand from a rights-based perspective, and that involve community and social organizations, are those best suited to reach men, adolescents and indigenous groups. The proposed country programme will therefore expand selected, small-scale interventions in adolescent reproductive health that have proven to be effective in reaching out-of-school youth and indigenous people.

13. During the previous programme, UNFPA established important partnerships with the central government, local government and with non-governmental organizations (NGOs). UNFPA employed a variety of execution modalities in line with each partner's institutional capacity, and developed a monitoring and evaluation strategy to provide information to all parties on programme implementation. As a result, UNFPA played an instrumental role in building trust and understanding between government institutions and NGOs.

14. UNFPA provided technical assistance and supported the dissemination of the results of the 2001 national population and housing census. However, there is a need to improve the efficiency of public policies and programmes, by building local and national capacity in producing and analysing population data and in expanding national expertise in this area.

III. Proposed programme

15. The UNFPA country programme was developed through consultations with the Government, NGOs and other development partners. The country programme will contribute to poverty reduction by focusing on reproductive health, population and development, and women's empowerment. It will contribute to the achievement of the UNDAF goals and outcomes and will draw on the ICPD Programme of Action, the Millennium

Development Goals (MDGs), national plans and the experiences of previous country programmes.

16. The programme, which builds on the experiences and lessons learned from previous programmes, will strengthen sexual and reproductive health education, information and services to enable people to exercise their reproductive rights. Women, youth and indigenous people will be the main beneficiaries of the programme. The programme will also support the development of national capacity to generate data that will improve the efficiency and effectiveness of public policies and provide evidence-based advocacy.

17. Country programme interventions will consolidate ongoing work with municipalities, covering eight of the country's 22 provinces. The proposed programme will also include interventions to assist in the formulation and implementation of national policies within the health and education sectors.

18. In implementing the country programme, UNFPA will seek alliances with indigenous people's organizations in order to develop effective strategies for the delivery of reproductive health information and services for indigenous persons. The programme will also support mechanisms to reach men in the military and police force.

19. With regard to adolescents, UNFPA will evaluate the current experience of a United Nations Foundation-funded regional project in order to design proper strategies to reach out-of-school young people. All UNFPA-supported activities in the area of adolescent reproductive health will include the prevention of sexually transmitted infections (STIs) and HIV/AIDS.

20. The country programme will have two major components: reproductive health, and population and development strategies. Gender and human rights perspectives are included in both components. Advocacy will be a cross-cutting strategy in both components. The country programme responds to three UNDAF areas of cooperation: (a) poverty reduction; (b) environmental sustainability; and (c) democratic governance and transparency.

Reproductive health component

21. In the area of reproductive health, UNFPA will work with the Ministry of Education to integrate sexuality education into the school curriculum at all levels of basic education (first ten years of school). This will involve training teachers to address adolescent reproductive and sexual health matters in the school curriculum as well as developing and updating teaching methods and educational materials on sexuality education. The programme will also target out-of-school adolescents to enable them to exercise their reproductive and sexual health and rights, based on innovative approaches developed under the previous programme.

22. In order to improve utilization of reproductive health services, the programme will seek to further strengthen the integration of reproductive health into primary health care services, in close collaboration with the Ministry of Health. This will involve providing training on prenatal, delivery and obstetric care; family planning; the prevention of STIs, including HIV/AIDS; and the prevention of gender-based violence.

23. At the national policy level, the country programme will seek to ensure that gender equity, equality and rights-based perspectives are reflected in sexual and reproductive health programmes. Particular attention will be given to adopting these perspectives in the health sector reform process. The programme will seek to strengthen civil society organizations to promote and safeguard gender and human rights perspectives in national reproductive health policies and programmes.

Population and development strategies component

24. In the population and development strategies component, the programme will seek to strengthen the country's institutional capacity to link population data with policy formulation. In particular, UNFPA will work with national and local institutions to ensure that population research and data are available to design and monitor public policies in health, education and the environment. It will also seek to develop human resources in this area.

25. With regard to emergency prevention and awareness, the programme will contribute to the development of a population-based geographic information system at the national and subnational levels.

26. UNFPA will coordinate its programme with other United Nations agencies, international financial institutions and bilateral donors. UNFPA will also promote coordination between the Government and civil society to facilitate the optimal use of national professional capacity and expertise.

IV. Programme management, monitoring and evaluation

27. UNFPA will manage the country programme using a results-based framework, in cooperation with governmental and non-governmental organizations at national, provincial and local levels. UNFPA will monitor the programme in line with UNFPA programme guidelines, in close consultation with counterparts from national, provincial and local levels.

28. Country programme outputs and key indicators will also be a part of the UNDAF monitoring framework. In this connection, UNFPA will support the national institute for statistics and the census to enhance its capacity to monitor progress towards the ICPD indicators and the Millennium Development Goals (MDGs).

29. The UNFPA country office in Ecuador consists of a Representative, an Assistant Representative, a national programme officer and four administrative support staff. Programme funds will be earmarked for one national programme post and two administrative support posts. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Mexico City, Mexico, along with national and international consultants, will provide technical assistance.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR ECUADOR

[redacted]

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Contribute to achieving the MDGs related to poverty, health, women's empowerment and education	To have contributed to the introduction of sexuality education in the school system (I.3, I.5)	• Increased number of schools include sexuality education	**Output 1**: Public schools have quality technical resources and capacity in the area of sexuality education Output indicators: • Curricula include sexuality education • Number of teachers possessing competencies to manage an adolescent reproductive and sexuality education process **Output 2**: Teaching methods and educational material for sexuality education updated Output indicators: • Methodology and materials for sexuality education meet quality standards	$0.75 million from regular resources and $1 million from other resources (for outputs 1 and 2)
	To have contributed to improved utilization of reproductive health services (I.4, I.5)	• Increased percentage of the population utilizing reproductive health services, including prenatal, delivery and obstetric care; family planning; and prevention of HIV/AIDS, STIs and gender-based violence	**Output 3**: Sexual and reproductive health and rights consolidated in national policies and programmes Output indicators: • Sexual and reproductive health services incorporated into health sector reform **Output 4**: Reproductive health integrated into primary health care services Output indicators: • Percentage of public health care personnel trained in the use of reproductive health norms, including prevention of HIV/AIDS, STIs and gender-based violence **Output 5**: Out-of-school adolescents able to exercise their reproductive health and rights in selected districts Output indicators: • Number of out-of-school adolescents who understand their sexual and reproductive rights	$0.75 million from regular resources and $1 million from other resources (for outputs 3, 4 and 5)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
UNDAF area of cooperation II: Environmental sustainability **UNDAF objectives: II.1:** Inclusion of sustainable development principles within national and local policies and programmes; **II.3:** Promote the development of a national plan for disaster prevention, mitigation and aid				
(As above)	National and local development plans and programmes are based on population data	• Number of population studies and analyses for policy making and planning	**Output 6**: Strengthened institutional capacity to link population and environment data with public policies Output indicators: • Number of population studies based on population data for the design and monitoring of public policy, particularly in health, education, and population and the environment are available to develop programmes and plans **Output 7**: Training needs of human resources in population, poverty and the environment identified and satisfied Output indicator: • Institutions and academia have qualified personnel and generate studies on population relevant for policy making and planning **Output 8**: Population-based geographic information system available for prevention and response to disasters, both natural and man-made, at national and subnational levels Output indicator: • Population data is used in evaluation and decision-making phases in emergency prevention and responses	$1.5 million from regular resources and $0.5 million from other resources (for outputs 6, 7 and 8)
UNDAF area of cooperation III: Democratic governance and transparency **UNDAF objectives: III.2:** Strengthen the institutional framework for human rights promotion, defence and the protection of refugees; **III.3:** Promote gender equity and women's empowerment				
	Strengthened alliances between policy makers, lawmakers and civil society in order to consider sexual and reproductive rights and gender equity in policies and programmes	• Number of activities aimed at providing policy makers and lawmakers with evidence to include sexual and reproductive rights and gender equity in policies and programmes	**Output 9**: Policy makers and lawmakers have the capacity to consider gender equality and sexual and reproductive rights Output indicators: • Number of national and local decision makers able to design and implement sexual and reproductive health policies, which include social and gender equity, using a participatory approach • Number of operational research studies on the situation of sexual and reproductive rights and gender issues **Output 10**: Civil society strengthened and empowered, and able to apply and defend reproductive health rights in selected districts Output indicators: • Number of local networks and community and youth organizations defending reproductive health rights	$0.5 million from regular resources Programme coordination and assistance: $0.5 million from regular resources